

L12000008179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

Maguire
LEGAL GROUP

ROBERT D. MAGUIRE*
MICHELLE L. BAKER
GARY K. FRY**

January 7, 2013

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Naples Adventures, LLC

Dear Divisions of Corporations:

Enclosed is a statement of registered agent for Naples Adventures, LLC and a check in the amount of \$25 for the filing fee. After it is processed return a copy to me.

Very truly yours,

Robert D. Maguire

RM/jc

Enclosures

190 EAST AVENUE

TALLMADGE, OHIO 44278

PHONE 330-633-0666

FAX 330-633-0626

www.maguirelegalgroup.com

*ALSO LICENSED IN FLORIDA

**ALSO LICENSED IN UTAH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naples Adventures, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert D. Maguire

Name of Person

Maguire Legal Group

Firm/Company

190 East Avenue

Address

Tallmadge, Ohio 44278

City/State and Zip Code

robert@maguirelegallgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Maguire

Name of Person

at (330) 633-0666

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Naples Adventures, LLC

2. (a) Principal office address of limited liability company: 6578 Marbella Drive
Naples, Florida 34105
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 6578 Marbella Drive
Naples, Florida 34105
(Note: MAY BE POST OFFICE BOX)

January 17, 2012

L12000003179

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Carlos Cuello

Registered Office Address: 375 5th Avenue South
Naples, Florida 34102

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Carlos Cuello

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
6578 Marbella Drive
Naples, FL 34105

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Carlos Cuello

Signature of a member or authorized representative of a member

Carlos Cuello

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Carlos Cuello

Signature of Registered Agent Carlos Cuello

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00